



YOUR RIGHTS AND RESPONSIBILITIES AS A RECIPIENT OF CHILD SUPPORT SERVICES

Attorney–Client Relationship

The Family Support Division (FSD) may use an attorney to establish, modify or enforce a child support order. The attorney represents the interests of FSD, and an attorney–client relationship or privilege does not exist between you and a prosecutor, an assistant attorney general or any other attorney working for FSD. This means that any information you provide to an attorney working for FSD can be used against you if, for any reason, FSD must file a claim against you.

You have the right to have an attorney represent you personally at any time. You should notify FSD staff if you choose to use the services of a private attorney for child support purposes.

Decisions regarding legal action, which may be taken in your case, shall be made by FSD. FSD staff review the case and take whatever action believed to be appropriate, regardless of who applied for services.

Confidentiality

FSD will release information in your case record necessary in the administration of the child support program. Staff may release information when taking action to establish, enforce or modify a support order. FSD staff may also release case record information to the other parent and/or his/her attorney. The information released may include, but is not limited to, copies of the support order, correspondence used to establish or enforce the support order and your home address. If you have any questions about this policy or believe that your address should not be released, contact your local FSD office.

Cooperation

When you apply for services, you agree to cooperate with FSD staff in establishing and/or enforcing a support order for your child. When applicable, you must cooperate by:

- Naming the child's parent and providing information you have about him/her that may assist FSD in establishing, modifying or enforcing a support order.
- Keeping scheduled appointments for you and your child to have paternity testing.
- Completing all documents needed by FSD staff or any attorney working for FSD.
- Attending court and administrative hearings.
- Notifying FSD of any orders entered for the support of you or your child and any changes made to those orders.
- Completing an affidavit that verifies support payments you have received.

Reporting Changes and Other Information

You must notify FSD if:

- You change your name, address or telephone number (home or work).
- Your child moves out of your home or into your home.
- Your child resides with the noncustodial parent for more than 30 days.
- Your child is adopted, marries, joins the armed forces or turns 18 and is not attending school.
- You use a private attorney or private collection agency for child support purposes.
- You receive support directly from the noncustodial parent (instead of through the Family Support Payment Center).
- You pay support directly to the custodian (instead of through the Family Support Payment Center).
- You file for divorce against the other parent or are served with divorce papers.
- The court enters a support or custody order for the child in your custody.
- You learn that the other parent changed his/her address, telephone number, employment or health insurance coverage for the child.

Federal Income Tax Refund Intercept

Federal law requires FSD to intercept tax refunds to pay past-due support. If the noncustodial parent owes past-due support that meets the rules for tax refund intercept, FSD notifies the Internal Revenue Service to withhold up to the past-due amount from the noncustodial parent's refund.

FSD must use federal income tax intercept collections to pay past-due support owed the state (if any) before paying past-due support owed the custodian.

FSD may hold the tax refund intercept for six months if the noncustodial parent filed a joint income tax return, and the noncustodial parent's spouse did not claim his/her portion of the refund before the intercept occurred.

The IRS may adjust the amount of the tax refund within six years. If the custodian received a payment from an income tax refund that is later adjusted, (s)he may have to return some or all of the money.

Additional Information

The noncustodial parent must make all support payments to the Family Support Payment Center, P.O. Box 109002, Jefferson City, MO 65110-9002.

If you receive any money in error, you must return it. If you refuse to return it or fail to agree to a repayment plan, FSD may take legal action against you.

FSD can enforce support orders through actions including, but not limited to, income withholding, liens on real and personal property, federal and state income tax refund intercepts, license suspension, passport denial, contempt and criminal nonsupport actions and referrals to other states' child support enforcement agencies (if the noncustodial parent lives or works outside of Missouri).

FSD does not calculate interest owed on delinquent payments. FSD will, however, collect interest judgments included on the circuit clerk record as provided by law.

Support payments you receive from the Family Support Payment Center or the State of Missouri will be issued on a SecuritE Card. The SecuritE Card is a prepaid MasterCard® loaded with your support payments. It is not a credit card. The SecuritE Card provides a safe and convenient way to receive your support payments. If you prefer to have your support payments directly deposited into your bank account, call (toll-free) 800-859-7999 or logon at dss.mo.gov/cse.

To obtain payment information, call (toll-free) 800-225-0530 or logon at dss.mo.gov/cse.

To have support payments you pay automatically withdrawn from your bank account, call (toll-free) 800-859-7999 or logon at dss.mo.gov/cse.

For more information, contact your local FSD office or call (toll-free) 800-859-7999; TTD: (toll-free) 800-735-2966; VOICE: (toll-free) 800-735-2466.

Please keep this flyer for future reference.



MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

Dear Parent,

Have you had problems with your current or past spouse or significant other? Are you afraid that person will hurt you or your children if you receive services from the Family Support Division (FSD)?

If the answer to one of the above questions is "Yes," FSD may have information that will help you.

If you would like more information about domestic violence services, please check the appropriate box(es) below and return this form with your completed application for services or contact your local FSD office.

☐ It is safe for you to call me during the day at:

_____.

☐ You can leave a message for me at:

_____.

☐ It is not safe for you to call me. I will contact you within **seven** days.

I understand that if I do not contact you within seven days, you will enter the address shown on the *Referral/Information for Services* into your system and use it as my contact address. However, FSD will also take action to prevent this address from being released to the other parent.

☐ Other: _____

My name is (please print) _____

My Social Security Number is _____

We need your Social Security number in order to identify you properly in our records. You do not have to provide this information, but failure to do so may prevent us from promptly or properly identifying you.

If domestic violence is not an issue for you and/or your child(ren), do not return this form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
APPLICATION FOR CHILD SUPPORT SERVICES

IV-D CASE NUMBER (TO BE COMPLETED BY FSD STAFF)

Instructions: Please complete every item on this form, even if you have given the information before. This form requests information needed to take action on your child support case. If you are a custodial parent or custodian of the child(ren), you must complete an application for each noncustodial parent of the child(ren) for whom you are applying for services. If you are the noncustodial parent or an alleged father, you must complete an application for each custodial parent of the child(ren) for whom you are applying for services. **About our request for Social Security number (SSN) information:** We need *your* SSN and that of your *child(ren)*. Disclosure of SSNs is mandatory per section 466(a)(13) of the Social Security Act. We also ask that you provide the *noncustodial parent's or alleged father's* SSN if you know it. We need this information to identify the other parent, to establish paternity and to establish, modify and enforce support obligations. Failure to provide this information may cause delays in delivering appropriate services to you. You must sign and date this form in order for the Family Support Division (FSD) to open your child support case.

THE APPLICANT IS ► ☐ CUSTODIAL PARENT ☐ CUSTODIAN ☐ NONCUSTODIAL PARENT ☐ ALLEGED FATHER

CUSTODIAL PARENT/CUSTODIAN INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	
ADDRESS (NUMBER AND STREET)		(CITY)	(STATE)	(ZIP CODE)
PHONE NUMBER – HOME (INCLUDE AREA CODE)	PHONE NUMBER – WORK (INCLUDE AREA CODE)	SOCIAL SECURITY NUMBER		RACE SEX

NONCUSTODIAL PARENT/ALLEGED FATHER INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	ALIAS			
ADDRESS (CURRENT OR LAST KNOWN)		(CITY)	(STATE)	(ZIP CODE)		
DATE ADDRESS LAST KNOWN	PHONE NUMBER (INCLUDE AREA CODE)	DATE OF BIRTH	BIRTHPLACE (CITY AND STATE)			
RACE	SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY NUMBER

CHILDREN OF THE CUSTODIAL PARENT AND NONCUSTODIAL PARENT/ALLEGED FATHER

CHILD'S DCN OR SSN	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	COUNTY/STATE OF BIRTH	RACE	SEX

IF THE CHILD(REN) WERE BORN OUT OF STATE, ATTACH A COPY OF THE BIRTH CERTIFICATE, IF AVAILABLE.

DID THE CHILD(REN) RECEIVE TEMPORARY ASSISTANCE IN A STATE OTHER THAN MISSOURI? ☐ YES ☐ NO

IF YES	►	COUNTY/ STATE	FROM (DATE)	TO (DATE)
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MARITAL STATUS AND COURT INFORMATION

ARE THE PARENTS OF THE CHILD(REN) ☐ MARRIED? ☐ NEVER MARRIED? ☐ SEPARATED? ☐ DIVORCED?

IF THE PARENTS ARE/WERE MARRIED, PROVIDE DATE AND LOCATION	►	DATE	LOCATION (CITY, COUNTY AND STATE)
IF THE PARENTS ARE DIVORCED, PROVIDE DATE AND LOCATION	►	DATE	LOCATION (CITY, COUNTY AND STATE)

DID THE PARENTS OF THE CHILD(REN) LIVE IN MISSOURI AT ANY TIME WHILE THEY WERE MARRIED?

☐ YES ☐ NO ☐ UNKNOWN

DID THE CUSTODIAL PARENT OF THE CHILD(REN) LIVE OUTSIDE MISSOURI AFTER THE CHILD(REN)'S BIRTH?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF YES	▶	WHERE (CITY, COUNTY AND STATE)	WHEN
HAVE THE PARENTS OF THE CHILD(REN) FILED FOR A DIVORCE?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF YES	▶	WHERE (CITY, COUNTY AND STATE)	
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW MARRIED TO SOMEONE ELSE?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF YES, GIVE NAME	▶	SPOUSE'S NAME	
WAS THE MOTHER MARRIED TO A MAN OTHER THAN THE NONCUSTODIAL PARENT/ALLEGED FATHER WHEN SHE BECAME PREGNANT OR WHEN THE CHILD(REN) WAS/WERE BORN?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF YES, GIVE NAME	▶	NAME	
HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A COURT?			
		<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> YES (ATTACH A COPY OF THE ORIGINAL COURT ORDER AND ANY MODIFICATIONS)			
IF YES, COMPLETE COURT INFORMATION	▶	COUNTY AND STATE OF COURT ORDER	DATE OF ORDER
		ORDER NUMBER	AMOUNT PER CHILD \$ FREQUENCY (WEEKLY, MONTHLY, ETC.)
HOW OFTEN DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER PAY CHILD SUPPORT?			
<input type="checkbox"/> ALWAYS <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER <input type="checkbox"/> ALWAYS PAID REGULARLY UNTIL _____ (DATE)			
IF THE NCP PAYS	▶	AMOUNT \$	PER (WEEK, MONTH)
DO YOU HAVE LEGAL CUSTODY OF THE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, JOINT CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHO DOES	▶	NAME	LEGAL CUSTODIAN'S RELATIONSHIP TO CHILDREN
		ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)
DO ALL OF THE CHILDREN ON THIS APPLICATION LIVE WITH YOU NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, AND YOU ARE NOT THE CHILD(REN)'S PARENT, ON WHAT DATE DID THE CHILD(REN) BEGIN LIVING WITH YOU?			DATE
COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WERE BORN			
HAS PATERNITY BEEN LEGALLY ESTABLISHED BY A COURT? <input type="checkbox"/> YES (ATTACH A COPY OF THE COURT ORDER) <input type="checkbox"/> NO			
IF YES, COMPLETE COURT INFORMATION	▶	COUNTY AND STATE OF COURT ORDER	DATE OF ORDER ORDER NUMBER
IF NO, HAS THE ALLEGED FATHER EVER CLAIMED THE CHILD(REN) AS HIS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, TO WHOM	▶	NAME	ADDRESS
		NAME	ADDRESS
HAS THE ALLEGED FATHER COMPLETED A DOCUMENT ADMITTING HE IS THE FATHER OF THE CHILD(REN)?			
		<input type="checkbox"/> YES (ATTACH A COPY OF THE DOCUMENT) <input type="checkbox"/> NO	
HAS A GENETIC TEST BEEN COMPLETED TO DETERMINE THE BIOLOGICAL FATHER OF THE CHILD(REN)?			
		<input type="checkbox"/> YES (ATTACH A COPY OF THE RESULTS) <input type="checkbox"/> NO	
IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN) LISTED? (ATTACH ADDITIONAL SHEET IF NECESSARY) <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES	▶	NAME	ADDRESS PHONE NUMBER (INCLUDE AREA CODE)
		NAME	ADDRESS PHONE NUMBER (INCLUDE AREA CODE)
WAS THE CHILD(REN)'S MOTHER IN MISSOURI WHEN SHE BECAME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF NO	▶	WHERE (CITY, COUNTY AND STATE)	

OCCUPATIONAL AND SOCIAL INFORMATION			
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER ATTEND SCHOOL NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	SCHOOL NAME AND LOCATION	
IF NOT IN SCHOOL NOW, WHAT HIGH SCHOOL OR COLLEGE DID THE NONCUSTODIAL PARENT/ALLEGED FATHER LAST ATTEND?			
	▶	SCHOOL NAME AND LOCATION	
WHAT IS THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S USUAL OCCUPATION?			
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER BELONG TO A UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	UNION NAME, LOCAL NUMBER AND LOCATION	
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER NOW EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	NAME OF EMPLOYER	PHONE NUMBER (INCLUDE AREA CODE)
		ADDRESS	WORK HOURS
		FROM	TO
NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PAST EMPLOYMENT INFORMATION			
NAME		ADDRESS	DATES WORKED (FROM/TO)
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER OWN ANY REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, LOCATION OF PROPERTY	▶	CITY	COUNTY STATE
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER OWN ANY PERSONAL PROPERTY (CAR, BOAT, LIVESTOCK, ETC.)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	LIST SPECIAL ITEM(S) OF PERSONAL PROPERTY OWNED	
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER HAVE ANY OTHER INCOME OR RECEIVE ANY BENEFIT OR PENSIONS? (FOR EXAMPLE, UNEMPLOYMENT, SOCIAL SECURITY, SSI, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	SOURCE	AMOUNT HOW OFTEN PAID
		SOURCE	AMOUNT HOW OFTEN PAID
DO THE CHILD(REN) RECEIVE SOCIAL SECURITY BENEFITS BECAUSE OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	AMOUNT \$	DATE BENEFITS BEGAN (APPROXIMATELY)
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	BRANCH OF SERVICE	LAST KNOWN STATION (LOCATION)
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER IN JAIL OR PRISON NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	JAIL OR PRISON NAME	DATE IMPRISONED EXPECTED RELEASE DATE
IS THE NONCUSTODIAL PARENT/ALLEGED FATHER ON PAROLE NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	NAME OF PAROLE OFFICER	ADDRESS
DOES THE NONCUSTODIAL PARENT/ALLEGED FATHER HAVE AN ACCOUNT AT A FINANCIAL INSTITUTION (BANK, CREDIT UNION, SAVINGS AND LOAN)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES	▶	NAME OF FINANCIAL INSTITUTION	ADDRESS ACCOUNT NUMBER

ARE THE CHILDREN COVERED BY HEALTH INSURANCE OTHER THAN MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
IF YES	▶	INSURANCE COMPANY NAME AND ADDRESS	CHILD(REN) COVERED	POLICY NUMBER

WHO PROVIDES THE HEALTH INSURANCE, IF ANY?
☐ THE CUSTODIAL PARENT/CUSTODIAN ☐ THE NONCUSTODIAL PARENT/ALLEGED FATHER
☐ THE CUSTODIAL PARENT'S/CUSTODIAN'S SPOUSE _____ (NAME OF SPOUSE)
☐ THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S SPOUSE _____ (NAME OF SPOUSE)

WHAT ARE THE NAMES AND ADDRESSES OF THE NONCUSTODIAL PARENT'S/ALLEGED FATHER'S PARENTS?

FATHER'S NAME	FATHER'S ADDRESS
MOTHER'S NAME	(MAIDEN NAME) MOTHER'S ADDRESS

IF YOU HAVE ANY OTHER INFORMATION ABOUT THE NONCUSTODIAL PARENT/ALLEGED FATHER, ENTER IT BELOW.
 ATTACH ADDITIONAL PAGES IF NECESSARY.

Please read the explanation of the available support enforcement services and check the box next to the service(s) you are requesting.

☐ **LOCATION ONLY** — FSD will try to find the noncustodial parent's current residence or employment address. When you apply for this service, you may use the information ONLY to establish paternity or establish or collect a support obligation.

☐ **LOCATION, ESTABLISHMENT AND/OR ENFORCEMENT OF CHILD AND MEDICAL SUPPORT** — FSD will try to locate the other parent; establish paternity and a child and/or medical support order for your child(ren), if necessary; and/or enforce a child and medical support obligation for your child(ren).

☐ **LOCATION, ESTABLISHMENT AND/OR ENFORCEMENT OF MEDICAL SUPPORT** — FSD will try to locate the other parent; establish paternity and a medical support order for your child(ren), if necessary; and/or enforce a medical support obligation for your child(ren).

☐ **REVIEW AND MODIFICATION** — FSD will review your existing support order and proceed with a modification, **if appropriate**. This includes modifying the order to include a provision for medical support for your child(ren). FSD will also provide services shown under LOCATION, ESTABLISHMENT AND/OR ENFORCEMENT OF CHILD AND MEDICAL SUPPORT.

Any support payments you may receive from the Family Support Payment Center or the State of Missouri will be issued on a SecuritE Card. The SecuritE Card is a prepaid MasterCard® loaded with your support payments. It is not a credit card. The SecuritE Card provides a safe and convenient way to receive your support payments. If you prefer to have your support payments directly deposited into your bank account, call (toll-free) 800-859-7999 or logon at dss.mo.gov/cse.

I have read the explanation of the available support enforcement services. I have checked the services for which I am applying. I understand that I may withdraw this application for services at any time by sending a written request to FSD.

I certify that all information I have given on this form is true and complete to the best of my knowledge.

I authorize FSD to obtain information contained in my child(ren)'s birth certificate file or record. This includes, if applicable, a copy of an acknowledgement of paternity completed by the parents. I authorize the release of my Social Security number and the above child(ren)'s Social Security number(s) when necessary to allow the establishment and enforcement of child support and medical support orders.

APPLICANT SIGNATURE	DATE	RELATIONSHIP TO CHILD(REN)
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